Community Health Center
Task Group
Report
Agenda

- Welcome & Introductions
- Progress of the Task Group (Durado/Jim)
- Discussion/Q&A
- Gaps/remaining needs
- Opportunities for NCCRT
- Next Steps
Task Group Chair
• Jim Hotz, MD
National Association of Community Health Centers

Task Group Co-Chair
• Durado Brooks, MD
American Cancer Society
Charge:

- The charge of this Task Group is to identify and act on opportunities for NCCRT to advance efforts to increase colorectal screening delivery within the community health center setting.
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Task Group Themes

- Improving *Links of Care* between CHCs and specialty providers and hospitals
- Paying for screening navigation
- Improving EHR use to support screening
- Dissemination of tools and resources
FY16 Accomplishments:

• Continued support for *Links of Care* Pilots in three sites
  - Quarterly reporting and formal evaluation underway

• Reconvened medical professional societies and other partners to review pilot progress and determine next steps

• Finalizing new tool on How to Pay for Screening Navigation

• Hosted webinar on eCW CRC Best Practices Guide (downloaded over 2,500 times; eCW receptive to recommended enhancements)

• Launched development of NextGen Best Practices Guide for CRC screening

• Supported Colorado Project ECHO on CRC Screening

• Acceleration in UDS CRC screening rates
FY17 Project Plan

• Continue to support *Links of Care* pilots
  – Focus on sustainability/formalizing relationships
  – Publish evaluation findings
  – Develop *Links of Care* curriculum
  – Relaunch *Links of Care* program
• Distribute *How to Pay for Screening Navigation* Toolkit
• Develop and finalize *NextGen CRC Screening Best Practices and Workflow Guide*
• 80% by 2018 Forums slated for remaining states
• Development of Hospitals Systems CRC Change Package (Prof Ed)
Key Points of Discussion:

• We can’t get to 80% by 2018 without CHCs
• Links of Care: we need hospital, endoscopy partners
• EHR systems can be hard to use for CRC screening
• How can HRSA:
  – Push CHCs to be more accountable for their CRC UDS measure? At least make the goal more visible?
  – Help CHCs become part of an ACO, APM, or other integrated system
• HRSA: Pays for CHC’s PCMH application; PCMH CHCs have higher CRC screening rates
• CDC, NCI, and ACS committed to more state forums.
CHC gaps/needs:

• Provider education: still some resistance to FIT option among some providers, with colonoscopy-only mindset
• How to use various EHR systems for CRC screening (beyond eClinical and NextGen, perhaps include EPIC)
• CHCs need help with cost modeling when negotiating with endoscopists.
Opportunities/FY18 NCCRT projects:

- Build on increased support from professional associations.
- Expand Links of Care.
  - Develop guidebook/curriculum.
  - Involve state roundtables, maybe free clinics too.
- Develop additional EHR guide(s). (EPIC?)
- Disseminate the “how to pay for navigation” toolkit.
- Support expansion of CRC learning collaboratives (such as ones ACS supported in New England and WV), also Project ECHO, for dissemination.
Immediate Next Steps:

• Find out specifics of what EPIC is offering to FQHCs; look for opportunity to partner for CRC screening.
• Ron Yee agreed to look into whether NACHC can effectively pressure or require EHR vendors to address a minimum set of needs related to UDS in CHC contracts.
• Explore possible dissemination or replication of the NY C5’s colonoscopy navigation guidebook.
• Share the Oregon policy language on colonoscopy as a prevention service following positive FIT.
Parking lot issues:

• Invite free clinics too? For example, expansion of Links of Care, join NCCRT
• What about using the EHR the VA uses?
Reminders

- ACS staff role:
  - Ensure slides are ready to go (should be on computer and back up flash drive).
  - Run and get help in case of IT trouble!
  - Circulate and collect sign in sheet (To be handed out at prep meeting)
  - Use sign in sheet to update slide 4
  - Take good notes.
  - Work with chairs to finalize report slides

- Final report due to Mary by Friday, December 2nd
- Final report will be shared on December 14th NCCRT Steering Committee call 1:30pm EST